

## Arkansas HCBS Residential Beneficiary Survey

In January 2014, the Centers for Medicare and Medicaid Services (CMS) announced a requirement for states to review and evaluate current Home and Community-Based Settings (HCBS), including residential and non-residential settings, and to demonstrate compliance with the new Federal HCBS Setting Rules that went into effect March 17, 2014. These federal guidelines were developed to ensure that beneficiaries receiving long-term services and supports through HCBS programs under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate.

The provider self-assessment was the first step in the process to measure HCBS residential and non-residential providers' current level of compliance with these HCBS Setting rules. Additional steps may include a beneficiary survey/interview, request for documentation, and on-site review.

The Beneficiary Survey must be conducted in person before August 31, 2016. Use this Word document to record the individual's responses during the face-to-face survey. The survey must include the individual and also may include a family member or representative, as appropriate. Service provider staff may participate as requested by the individual and his/her family member/representative. As the person conducting the survey, do not influence the individual's responses. Certain questions include an option to explain when "No" is actually an appropriate response and not indicative of non-compliance.

The Arkansas DHS inter-agency HCBS working group will analyze the individuals' responses and be responsible for identifying follow up actions. Your responsibility is to complete the survey and submit your responses to the inter-agency HCBS working group before August 31, 2016. A member of the Arkansas HCBS working group will give you instructions about how to submit the responses you record on this Word document.

### **Filling out the survey:**

Individuals receiving Medicaid-reimbursed HCBS for residential services must receive an individual survey measuring their awareness of and access to the residents' rights and privacy requirements outlined in the HCBS Settings final rule. Each section on the following pages will walk you through characteristics that are expected to be present in all home and community-based settings that individuals in those settings might experience. These questions are based on guidance from the federal government, the Centers for Medicare and Medicaid.

### **CMS Regulatory Requirements:**

- *The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS. 42 CFR 441.301(c)(4)(i)/441.710(a)(1)(i)/441.530(a)(1)(i)*
- *The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences, ... 42 CFR 441.301(c)(4)(ii)/441.710(a)(1)(ii)/441.530(a)(1)(ii)*
- *The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint. 42 CFR 441.301(c)(4)(iii)/441.710(a)(1)(iii)/441.530(a)(1)(iii)*
- *The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact. 42 CFR 441.301(c)(4)(iv)/ 441.710(a)(1)(iv)/441.530(a)(1)(iv)*
- *The setting facilitates individual choice regarding services and supports, and who provides them. 42 CFR 441.301(c)(4)(v) 441.710(a)(1)(v)/441.530(a)(1)(v)*

**Intro to read to beneficiary before interview:** The following survey will take about 30 minutes. There is no right or wrong answer. We will be asking you questions about your daily life and the support and services you get here at [insert provider name]. The reason we are talking about this is because the Arkansas Department of Human Services is trying to make sure that you have all the rights and freedoms of people who live in the community. Many others are doing the same survey. It's ok to be honest and say what you think.

## Section A – General Information

Date:

Name of Reviewer:

Provider Agency Name:

Setting Name:

Setting Address:

Setting Administrator:

Setting Administrator email and phone number:

Setting Type (*Please mark one*)

- ☐ Assisted Living
- ☐ Provider Controlled Apartment
- ☐ Provider Controlled Group Home
- ☐ Staff Home

Does the individual have a conservator? ☐ Yes ☐ No

If so, name of the conservator or agency:





Validation Question	Criteria Met			Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No	No, but supported by the person centered plan or other documentation				Yes	No
B3. Can you have visitors when you want to have visitors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

B3 Comments:

Intent Statement: This question relates to whether the setting allows visitors at any time. **42 CFR § 441.301 (c)(4)(vi)(D), 42 CFR § 441.530 (a)(1)(vi)(D), 42 CFR § 441.710 (a)(1)(vi)(D)**

Probing Questions:

- Are there rules about having visitors over?
- Can you have visitors in your room/apartment without staff being there?
- Can you invite friends or family over whenever you want?
- Can you have private visits if you want to?

**Reviewers can validate by (1) interviewing beneficiaries, family members, and others, (2) reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided and (3) reviewing records to include individual person-centered plans,**

**Intent Statement:** This question relates to whether the setting optimizes individual initiative, autonomy, and independence in making life choices. **42 CFR § 441.301 (c)(4)(iv), 42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.530 (a)(1)(i), 42 CFR § 441.530 (a)(1)(iv), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.710 (a)(1)(iv), 42 CFR § 441.725 (a)(8)(b)(1)**

- If public transportation is available – ask whether they know how to check the bus schedule or have the phone number for the taxi service? Can you get that information if you needed it?
- Does (insert provider name) provide a van or car to take you where you need/want to go?
- Does your family or friends take you where you need/want to go?

**Reviewers can validate by (1) interviewing beneficiaries, family members, and others, (2) reviewing the facility program handbook/manual/document which describes the type of services offered to beneficiaries and where those services are provided and (3) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.**

B5 Comments:

Intent Statement: This question relates to whether the setting optimizes individual initiative, autonomy, and independence in making life choices. This question also relates to whether the beneficiary is integrated into the broader community. **42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.530 (a)(1)(i), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.725 (a)(8)(b)(1)**

Probing Questions:

- Who do you go to when you need help at home during the day? At night?
- Are you able to get to the activities you want to participate in?

**Reviewers can validate by (1) interviewing beneficiaries, family members, and others and (2) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.**

### Probing Questions:

- Reviewers can validate by (1) interviewing beneficiaries, family members, and others and (2) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.**





Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
C2. Who owns your house or apartment?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

C2 Comments:

Intent Statement: This question relates to whether this specific unit or dwelling is owned, rented or occupied under a legally enforceable agreement. **42 CFR § 441.301 (c)(4)(vi)(A), 42 CFR § 441.530 (a)(1)(vi)(A), 42 CFR § 441.710 (a)(1)(vi)(A)**

Probing Questions:

- Who do you pay to live here?
- Who do you go to if something isn't working right (like your refrigerator)? – would ask only if apartment
- What happens if you break something?
- Are you paying rent?
- Do you have a lease or a written residency agreement?
- Did you have to sign some papers when you moved in here that said what you are allowed to do and not do?
- Are individuals protected from eviction and afforded appeal rights in the same manner as others who may not be receiving HCBS?

**Reviewers can validate by (1) interviewing beneficiaries, family members, and others to assess their understanding of the housing arrangement and the rights contained within the written residency agreement, (2) reviewing the program handbook/manual/document (for specific policies and procedures) which describes the applicable tenant law, agreement, provision and (3) reviewing records to include specific resident agreements, whether those agreements were signed by the individual or the persons official representative.**



## Section D – Living Arrangements

Response shaded ☐ equals normative (compliance) response

Validation Question	Criteria Met		Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
D1. Can you buy the things you need?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No, but supported by the person centered plan or other documentation <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		Yes <input type="checkbox"/>	No <input type="checkbox"/>

D1 Comments:

Intent Statement: This question relates to whether the beneficiary is allowed to control their personal resources. **42 CFR § 441.301 (c)(4)(i), 42 CFR § 441.530 (a)(1)(i), 42 CFR § 441.710 (a)(1)(i), 42 CFR § 441.725 (a)(8)(b)(1)**

### Probing Questions:

- Do you get your money from the bank? Can you have your own bank account if you want one?
- Can you use your money when you choose to?
- Who helps you with your money? What do they do to help you?

**Reviewers can validate by: (1) interviewing beneficiary, family member, and others and (2) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.**



Validation Question	Criteria Met		Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
D3. Can you make decisions about what you do, where you go, and who you see?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>No, but supported by the person centered plan or other documentation</b> <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

D3 Comments:

Intent Statement: This question relates to whether the setting optimizes individual initiative, autonomy, and independence in making life choices. **42 CFR § 441.301 (c)(4)(vi), 42 CFR § 441.530 (a)(1)(iv), 42 CFR § 441.710 (a)(1)(iv)**

Probing Questions:

- What do you like to do? When can you do that and why?
- Can you go visit friends or family when you want to?

**Reviewers can validate by (1) interviewing beneficiaries, family member, and others and (2) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.**

Validation Question	Criteria Met		Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
D4. Do you have your own room?  <u>If yes, skip to D7.</u>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<p>Intent Statement: This question relates to whether this setting was selected by the individual from among setting options, including non-disability specific settings.  <b>42 CFR § 441.301 (c)(4)(ii), 42 CFR § 441.530 (a)(1)(ii), 42 CFR § 441.710 (a)(1)(ii)</b></p> <p><b>Evaluators can validate by (1) interviewing beneficiaries, family member, and others and (2) record reviews to include individual person-centered service plans, health care plans, assessment data, and resident agreements.</b></p>							







Validation Question	Criteria Met		Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
D7. Do you have enough privacy in your home? Are you able to be alone if you want to be?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No, but supported by the person centered plan or other documentation <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

D7 Comments:

Intent Statement: This question relates to whether the unit has a lockable entrance door. **42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.530 (a)(1)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)**

Probing Questions:

- Can you close and lock your front door?
- Do you have a key to your home?
- Are you comfortable with the other people who have keys to your home?

**Reviewers can validate by (1) interviewing beneficiaries, family member, and others and (2) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements.**



Validation Question	Criteria Met			Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes	No	No, but supported by the person centered plan or other documentation				Yes	No
D9. Can you close and lock your bedroom door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			<input type="checkbox"/>	<input type="checkbox"/>

D9 Comments:

Intent Statement: This question relates to whether each individual has privacy in their sleeping or living unit. **42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.530 (a)(1)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)**

Probing Questions:

- Does the lock work?
- How do you unlock the door? With a key?
- Who is allowed to lock them?
- Are able to go in and out of your room whenever you want?

**Reviewers can validate by (1) interviewing beneficiaries, family members, or advocate to assess their understanding of the resident privacy rights, (2) reviewing the program handbook/manual/document (for specific policies and procedures) which describes privacy rights and (3) reviewing records to include specific resident person-centered agreements, and whether those agreements address the individual's abilities, or restrictions.**

Validation Question	Criteria Met		Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?		
D10. Can you close and lock your bathroom door?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No, but supported by the person centered plan or other documentation <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			Yes <input type="checkbox"/>	No <input type="checkbox"/>

D10 Comments:

Intent Statement: This question relates to whether each individual has privacy in their living unit. **42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.530 (a)(1)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)**

Probing Questions:

- Do you have privacy when bathing or going to the bathroom?
- Is there a lock on the bathroom door? Does the lock work?
- If you don't have a lock, what do you do when you need some privacy in the bathroom?

**Reviewers can validate by (1) interviewing beneficiaries, family members, or advocate to assess their understanding of the resident privacy rights, (2) reviewing the program handbook/manual/document (for specific policies and procedures) which describes privacy rights and (3) reviewing records to include specific resident person-centered agreements, and whether those agreements address the individual's abilities, or restrictions.**

Validation Question	Criteria Met		Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?		
D11. Do you know if anyone else has a key to your bedroom or bathroom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>No, but supported by the person centered plan or other documentation</b> <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			Yes <input type="checkbox"/>	No <input type="checkbox"/>
D11 Comments: <div style="border: 1px solid black; height: 300px; margin-top: 10px;"></div>								
Intent Statement: This question relates to whether each individual has privacy in their sleeping or living unit. <b>42 CFR § 441.301 (c)(4)(vi)(B)(1), 42 CFR § 441.530 (a)(1)(vi)(B)(1), 42 CFR § 441.710 (a)(1)(vi)(B)(1)</b>								
<u>Probing Questions:</u> <ul style="list-style-type: none"> <li>Who else has a key?</li> <li>Are you ok with that person having a key?</li> </ul>								
<b>Reviewers can validate by (1) interviewing beneficiaries, family members, or advocate to assess their understanding of the resident privacy rights, (2) reviewing the program handbook/manual/document (for specific policies and procedures) which describes privacy rights and (3) reviewing records to include specific person-centered agreements, and whether those agreements address the individual’s abilities, or restrictions.</b>								

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>				Yes <input type="checkbox"/>	No <input type="checkbox"/>
D12. Did you decorate your room?			<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other				
D12 Comments: <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>							
<p><i>Note: the freedom to furnish and decorate should be considered in regard to providers' rules and policies. You should not mark "no" if a person wants something they cannot afford; that is not the point of these questions.</i></p> <p>Intent Statement: This question relates to whether the beneficiary has the freedom to furnish and decorate. <b>42 CFR § 441.301 (c)(4)(vi)(B)(3), 42 CFR § 441.530 (a)(1)(vi)(B)(3), 42 CFR § 441.710 (a)(1)(vi)(B)(3)</b></p> <p><u>Probing Questions:</u></p> <ul style="list-style-type: none"> <li>• Can you move the furniture where you want it?</li> <li>• Can you hang or put up pictures if you want to?</li> <li>• Can you change things in your room if you want to?</li> </ul> <p><b>Reviewers can validate by (1) interviewing beneficiaries, family members, and others, (2) observing individual bedrooms and (3) reviewing policies regarding ability of residents to bring in own furnishings or own items.</b></p>							

Validation Question	Criteria Met		Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
D13. Can you eat what you want to eat?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No, but supported by the person centered plan or other documentation <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you eat when you want to eat it?	Yes <input type="checkbox"/>	No <input type="checkbox"/>					

D13 Comments:

Intent Statement: This question relates to whether the beneficiary has access to food at any time. **42 CFR § 441.301 (c)(4)(vi)(C), 42 CFR § 441.530 (a)(1)(vi)(C), 42 CFR § 441.710 (a)(1)(vi)(C)**

Probing Questions:

- Is there a posted menu of food to be offered and served per meal/per day/per week?
- Do you get to help make the menu?
- What happens if you do not like what is on the scheduled menu? Can you ask for something else?
- What happens if you get hungry between meal times? What time do you eat meals (breakfast, lunch, dinner)?

**Reviewers can validate by (1) interviewing beneficiaries, family members, and others, (2) observing the environment, particularly during meal times, (3) reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries and (4) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements to determine if there are restrictions to any of the above.**



Validation Question	Criteria Met		Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
D14. Can you have a snack if you get hungry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>No, but supported by the person centered plan or other documentation</b> <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

D14 Comments:

Intent Statement: This question relates to whether the beneficiary has access to food at any time. **42 CFR § 441.301 (c)(4)(vi)(C), 42 CFR § 441.530 (a)(1)(vi)(C), 42 CFR § 441.710 (a)(1)(vi)(C)**

Probing Questions:

- Do you choose the snack that you want?
- What are your favorite snacks?

**Reviewers can validate by (1) interviewing beneficiaries, family members, and others, (2) observing the environment, particularly during meals, (3) reviewing the program handbook/manual/document which describes the type of services offered to beneficiaries and (4) reviewing records to include individual person-centered service plans, health care plans, assessment data, and resident agreements to determine if there are restrictions to any of the above.**



Validation Question	Criteria Met		Information Sources (Select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
D16. Do you have access to a phone, computer or other technology?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No, but supported by the person centered plan or other documentation <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <input type="checkbox"/> Individual <input type="checkbox"/> Family/Advocate <input type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

D16 Comments:

Intent Statement: This question relates to whether the setting optimizes individual initiative, autonomy, and independence in making life choices. **42 CFR § 441.301 (c)(4)(iv), 42 CFR § 441.530 (a)(1)(iv), 42 CFR § 441.710 (a)(1)(iv)**

Probing Questions:

- Can you have a phone or computer in your room?
- If you don't have your own phone or computer, are there any in the home that you can use?
- Can you use these whenever you want?
- Are you able to use the phone or computer in private?
- If adaptive equipment is necessary, do you have enough privacy?

**Reviewers can validate by (1) interviewing beneficiary, family members, or advocate to assess their understanding of the resident privacy rights, (2) reviewing the program handbook/manual/document (for specific policies and procedures) which describes privacy rights and (3) reviewing records to include specific person-centered agreements, and whether those agreements address the individual's abilities, or restrictions.**

## Section E – Accessible Environment

Response shaded  equals normative (compliance) response

Validation Question	Criteria Met		Information Sources (select all that apply)	Notes/Evidence of Compliance	Notes/Evidence of Non-Compliance	Remediation Required?	
E1. Do you have the supports you need to move around your room/house whenever you want?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> Interview (please specify) <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual</li> <li><input type="checkbox"/> Family/Advocate</li> <li><input type="checkbox"/> Staff</li> <li><input type="checkbox"/> Other</li> </ul> <input type="checkbox"/> Observation <input type="checkbox"/> Record/Document Review <input type="checkbox"/> Rights Modification <input type="checkbox"/> Other			Yes <input type="checkbox"/>	No <input type="checkbox"/>
E1 Comments: <div style="border: 1px solid black; height: 300px; margin-top: 10px;"></div>							
Intent Statement: This question relates to whether the setting is physically accessible. <b>42 CFR § 441.301 (c)(4)(vi)(E), 42 CFR § 441.530 (a)(1)(vi)(E), 42 CFR § 441.710 (a)(1)(vi)(E)</b>							
<b>Reviewers can validate by (1) interviewing beneficiary, family members, or advocate to determine ease of access and whether restrictions exist, (2) observing the environment and (3) conferring with authorities having jurisdiction re: the physical accessibility of the setting.</b>							



**END OF RESIDENTIAL BENEFICIARY SURVEY**